

Cohoes City School District  
Administration Center  
7 Bevan St.  
Cohoes, NY 12047  
Telephone: 237-0100  
FAX: 237-2912

**Report of Employee Absence**

**Employee's Name:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**REASON FOR ABSENCE (CHECK ALL THAT APPLY & RECORD DATES BELOW):**

**Sick:** \_\_\_\_\_ **Vacation:** \_\_\_\_\_

**Personal:** \_\_\_\_\_ **Religious:** \_\_\_\_\_

**Conference:** \_\_\_\_\_ **Unpaid (please explain):** \_\_\_\_\_

**Death in Family (specify family member):** \_\_\_\_\_ **Other (please explain):** \_\_\_\_\_

**Cancer Screen (documentation must be attached, otherwise, sick time WILL be used):** \_\_\_\_\_ **Blood Donation (documentation must be attached, otherwise, sick time WILL be used):** \_\_\_\_\_

**DATES OF ABSENCE:** \_\_\_\_\_

**Employee's signature/date:** \_\_\_\_\_

**Supervisor's approving signature/date:** \_\_\_\_\_

**FOR Personnel Office Use Only:**

Date received	Date entered in Info-Staff

revised: October 10, 1994  
October 12, 1994  
February 22, 1995  
August 9, 1996  
April 5, 2001  
July 16, 2009